

EXHIBIT F

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RIVERSIDE CHAPEL

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Riverside Chapel

SIMPSON-MODETZ FUNERAL HOME

5680 PONTIAC LAKE ROAD, WATERFORD, MI 48327

PHONE (248) 674-4181

FAX 674-2871

Family Owned and Operated

PAYMENT AUTHORIZATION

NAME OF DECEASED: Kenneth R. HenkeINSURANCE COMPANY: MetLifePOLICY NUMBER: 15500G [REDACTED]

The undersigned acknowledges:

That he or she is a person legally entitled to make the funeral arrangements for the decedent whose life was insured under a life insurance policy, the proceeds of which were assigned to the funeral home to pay for the decedent's funeral;

That the Riverside Chapel, Simpson-Modetz Funeral Home has provided the decedent's funeral, including all funeral goods and services as stated;

That the undersigned discharges any further claims for goods or services in connection with decedent's funeral; and

That the Insurance Company is authorized to release the assigned policy proceeds for payment to the Riverside Chapel, Simpson-Modetz Funeral Home in the amount of \$ 6417.70* and that the remainder of the proceeds of said insurance policy be paid to the beneficiary.

Signature of Beneficiary: Susan SawyerSocial Security No. [REDACTED]Address: 264 W ROSS CT Highland MI 48357Date of Birth [REDACTED]Signature of Funeral Director: Timothy J. SimpsonWitness: [Signature]Date signed: 11-7-16

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RIVERSIDE CHAPEL

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STATE OF MICHIGAN CERTIFICATION OF VITAL RECORD			
COUNTY OF WASHTENAW STATE OF MICHIGAN			
DECEASED KENNETH RICHARD HENKE		DATE OF BIRTH AND PLACE December 4, 1934 Male	
DATE OF DEATH AND PLACE October 26, 2016		STRICTLY PRIVATE	
1. NAME OF BIRTH (Full name, including middle name)		2. DATE OF BIRTH AND PLACE	
3. SEX		4. DATE OF DEATH AND PLACE	
5. AGE - Day, Month, Year		6. LENGTH OF MARRIAGE - Day, Month, Year	
7. CITY, VILLAGE, OR TOWNSHIP OF DEATH		8. COUNTY OF DEATH	
9. LOCALITY (Place of death, including street name)		10. SOCIAL SECURITY NUMBER	
11. EDUCATION - School, College, University, etc.		12. GRADE	
13. RACE		14. ETHNICITY	
15. USUAL OCCUPATION (If not at work, state occupation)		16. KIND OF BUSINESS OR INDUSTRY	
17. MARITAL STATUS - Initial, Married, Widowed, Divorced, Single		18. NAME OF SURVIVING SPOUSE	
19. NAME OF SURVIVING SPOUSE (If deceased, state date of death)		20. NAME OF SURVIVING SPOUSE (If deceased, state date of death)	
21. NAME OF SURVIVING SPOUSE (If deceased, state date of death)		22. NAME OF SURVIVING SPOUSE (If deceased, state date of death)	
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99. NAME OF SURVIVING SPOUSE (If deceased, state date of death)		100. NAME OF SURVIVING SPOUSE (If deceased, state date of death)	

1. LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document of file in my office.

DATED: 11/08/2016

LAWRENCE KESTENBAUM
WASHTENAW COUNTY CLERK/REGISTER